

**REPORT TO DETERMINE STATUS** (APPLICATION FOR EMPLOYER NUMBER)

State Form 2837 (R6 / 8-06)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

- ☐ Original Report
☐ Transfer
☐ Amended
☐ Pre assigned

OFFICE USE ONLY

| | | | |
|---------------|-------|--------------------|---------|
| Account | | Examiner | File |
| Status Date | | Qualified Date | |
| Pay Method | | Merit Rate Date | |
| Business Type | | Qualifying Section | |
| Country Code | | County Code | |
| UC-1 Sent | NTR'S | Suprv | |
| Date Comp | | Merit Rate | |
| Disposer No. | | Year | % Rate |
| | | _____ | _____ % |
| | | _____ | _____ % |
| | | _____ | _____ % |
| | | _____ | _____ % |
| | | _____ | _____ % |
| | | _____ | _____ % |

PLEASE TYPE OR PRINT IN INK.

| | | | |
|------------------------------------|------------------------------|-----------------------|-------|
| 1. Federal ID Number: _____ | | Indiana County | |
| 2. Legal Name of Employing Unit | | | |
| 3. Trade Name (or d/b/a) | | | |
| 4. Mailing Address (No PO Boxes) | | Physical Address | |
| City | State | City | State |
| ZIP Code (+4 + 2 + 1) | | ZIP Code (+4 + 2 + 1) | |
| _____ - _____ - _____ | | _____ - _____ - _____ | |
| Business Telephone Number () - | Business Fax Number () - | Remarks | |

| | | |
|---|---|---------------------|
| 5. Type of organization (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> SINGLE MEMBER LLC <input type="checkbox"/> SEC. OF STATE CONTROL # _____ <input type="checkbox"/> Other (Estate, Trust, Etc.) _____ | 6. (a) Formation date of Corporation or Partnership: _____ mm dd yy (b) State of incorporation: _____ (2 letter abbreviation) | 7. Type of Business |
|---|---|---------------------|

| | | | |
|---|-------|------------------------|------------------|
| 8. Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed. | | | |
| Name (please print) | Title | Social Security Number | Telephone Number |
| | | - - | () - |
| | | - - | () - |

The State of Indiana does **NOT** issue account numbers prior to being tax liable, an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15 indicates liability.

DATE PAYROLL BEGAN IN INDIANA

mm dd yy

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| 9. Has your business filed an IRS Form 940 under the Federal ID number listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If you are an Employer who has qualified under FUTA (Federal Unemployment Tax Act) in any State during the current or preceding calendar year, you are immediately liable upon having payroll in the State of Indiana IC 22-4-7-2(f). |
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| 10. Have you acquired all or a part of an existing Indiana business, <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please skip to "Section A" on the reverse side and complete that Section. |
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| 11. Has your business had a total Indiana payroll of \$1,500.00 or more in any calendar quarter during the current or preceding calendar year? (Including salaried officers). <input type="checkbox"/> No <input type="checkbox"/> Yes (Quarter/Year) _____ / _____ |
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| 12. Has your business had one or more employees any part of a day, in each of twenty (20) different weeks (not necessarily consecutive) during the current or preceding calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date of the 20th week) ____ / ____ / ____ |
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| 13. Are you a PEO? <input type="checkbox"/> No <input type="checkbox"/> Yes Will you be reporting wages under a PEO? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes PEO Account Number _____ or Name _____ |
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| 14. 501(c)(3) - Did you employ 4 or more individuals, in any part of a day, in each of 20 different weeks of the current or preceding calendar year <input type="checkbox"/> No <input type="checkbox"/> Yes , If "yes" please submit a copy of IRS exemption letter. If you are an Out of State 501(c)(3), you must meet qualifications aforementioned, to be liable in the State of Indiana. |
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| 15. DOMESTIC - (HOUSEHOLD NATURE) Have you paid, \$1,000.00 or more, cash wages in a calendar quarter to employees <input type="checkbox"/> No <input type="checkbox"/> Yes Payroll Began ____ / ____ / ____ |
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| 16. AGRICULTURAL - 10 Workers in some part of a day in 20 different weeks during a calendar year <input type="checkbox"/> No <input type="checkbox"/> Yes Quarter/Year Date of the 20th week ____ / ____ / ____ OR gross payroll in the amount of \$20,000.00 in a calendar quarter ____ / ____ |
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| | | |
|--|----------------------------------|----------------------------------|
| I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief. | EMPLOYER'S SIGNATURE _____ | PREPARED BY _____ |
| | DATE _____ Phone No. () - _____ | DATE _____ Phone No. () - _____ |

CONTINUE ON REVERSE SIDE IF ITEM #10 IS MARKED "YES."

REPORT TO DETERMINE STATUS (continued)

(Account Number)

If you acquired, purchased or continued all or any part of an existing Indiana business, you must complete "Section A" below. Reference Indiana Code 22-4-7-2, Indiana Code 22-4-10-6.

NOTE: If you acquired only a portion of an existing Indiana business, upon application and agreement by both the disposer and acquirer, you (the acquirer) may be entitled to use the same rate as the disposer in the year of acquisition. Reference Indiana Code 22-4-17-2(b), Indiana Code 22-4-10-6(b).

The Acquirer/Successor of an existing Indiana operation, whether a complete transfer or a partial, is allowed to consider the taxable wages paid by the predecessor/dispenser, towards the basis paid in prior quarter(s) of the calendar year of the transfer, when figuring the taxable wages. IC 22-04-10-7.

SECTION A If you have questions whether or not this section applies to you, please call (317) 232-7436.

Nature of acquisition or change of entity: (check one)

- | | |
|--|---|
| <input type="checkbox"/> Purchase of COMPLETE organization | <input type="checkbox"/> Lease of complete organization |
| <input type="checkbox"/> Purchase of a PORTION of organization | <input type="checkbox"/> Partnership change or reorganization (50% or more partners changed) |
| <input type="checkbox"/> Corporate change or reorganization | <input type="checkbox"/> Spin-Off of a Subsidiary |
| <input type="checkbox"/> Change in Federal ID | <input type="checkbox"/> Death of owner or partner |
| <input type="checkbox"/> Bankruptcy or other proceedings | <input type="checkbox"/> Other (please explain in Remarks section below) |

Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: (mm-dd-yy) ____

1. Predecessor/dispenser Indiana SUTA Number: ____ (____)

2. Predecessor/dispenser **Federal ID Number:** ____ - ____ - ____ - ____ - ____

3. Predecessor/dispenser Legal Name

4. Trade Name (or d/b/a)

5. Mailing Address

City

State

ZIP Code (+ 4 + 2 + 1) ____ - ____ - ____ - ____ Indiana County

6. Disposer Contact Person _____ Phone (____) - ____ - ____

7. SIGN AND DATE THE FRONT OF THIS FORM WHERE INDICATED.**REMARKS:**